

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6203	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert L Troquille P.O. Box, Bldg., Room No., if any Street 5000 Greenwood Road City Shreveport State Louisiana ZIP Code +4 71109	4. Name, file number, and address of labor organization. Name Iron Worker Local 591 Labor Organization File Number 024653 P.O. Box, Building and Room Number, if any Street 5000 Greenwood Road City Shreveport State Louisiana ZIP Code +4 71109
5. Position in labor organization. Business Agent/FS/Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Iron Workers Mid South District Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2450 Seven Ave Ste 517 City Metairie State Louisiana ZIP Code +4 70001	7.a. Nature of Interest, Transaction, or Income. Re-imbursement of expenses incurred during out of town Pension Meetings 7.b. Amount. \$1,576

X Signature *Robert Troquille*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
X Signed <i>Robert Troquille</i>	On <u>8-10-05</u> <u>318-631-1461</u> Date Telephone Number

Name of Person Filing Robert Troquille	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ZENITH ADMINISTRATORS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2450 SEVERN AVE STE 517</p> <p>City METAIRIE</p> <p>State LA. ZIP Code + 4 70001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>ADMINISTRATORS</p> <p>11.b. Approximate dollar value of such dealing. SEE ATTACHED</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

IRON WORKERS MID-SOUTH PENSION FUND

ZENITH ADMINISTRATORS
2450 SEVERN, SUITE 517
METAIRIE, LOUISIANA 70001-1926
(504) 831-1544 (800) 638-4855 FAX (504) 831-1894

July 29, 2005

Robert Troquille
Iron Workers Local Union 591
5000 Greenwood Rd.
Shreveport, LA 71109

Dear Robert:

Following are the expenses reimbursed to you or paid in your behalf from January 1, 2004-December 31, 2004 by the Iron Workers Mid-South Pension Fund and Iron Workers Welfare Fund:

<u>Check Date</u>	<u>Function</u>	
	3/24&25/04 IWMSPF Board Meeting Airport Hilton	3/24/04 Lunch \$17.56
	4/15/04 Iron Workers Welfare Fund Board Meeting	4/15/04 Lunch \$9.40
	7/12&13/04 IWMSPF Board Meeting Holiday Inn	7/12/04 Lunch \$24.78 7/13/04 Lunch \$25.12
10/13/04	9/29&30/04 IWMSPF Board Meeting	Loews Hotel 9/29/04 Lunch \$33.00 \$545.20 reimbursements of expenses for 9/29&39/04 meeting
11/30/04	IFEBP Conference 11/14-16/05	CANCELLED Conference Registration Fee \$960.00 Hotel Deposit \$350.00
12/15/04	12/1&2/04 IWMSPF Board Meeting	\$485.42 reimbursements of expenses for 12/1&2/95 Board Meeting

Attached are the Schedule C's from the Form 5500 for the Iron Workers Mid-South Pension Fund, Iron Workers Welfare Fund and the Mid-South Iron Workers Direct Contribution Fund. On the Schedule C's are the fees paid by the Funds to service providers.

Should you have any questions or need additional information please feel free to call me.

Re: Iron Workers Mid-South Pension Fund

For the filing of the LM-30's for your Local Unions and the Mid-South Iron Workers District Council, we have been requested to provide you with the names of the firms that sponsored dinners in 2004 for the Trustees on the Iron Workers Mid-South Pension Fund:

<u>Date of Dinner</u>	<u>Restaurant</u>	<u>Sponsoring Firm(s)</u>
March 24, 2004	Café Adelaide	Landon Butler & Co.
July 12, 2004	Sonny Williams' Steak House	Hancock Bank, Mellon Institutional Asset Management, Robein, Urann & Lurye, The Segal Company, and Zenith Administrators, Inc. (For this dinner, Robein, Urann & Lurye and Zenith Administrators has provided the price of the dinner to those Union Trustees who needed to receive this information for filing of their Local Union's LM-30.)
September 29, 2004	Palace Café	Principal Capital Management
December 1, 2004	Muriel's Jackson Square	Oppenheimer Capital

Should you have any questions or need additional information please feel free to call me.

Cc: Louis Robein
Maria Cangemi

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1 210-0110

2003**This Form is Open
to Public Inspection.**

For calendar plan year 2003 or fiscal plan year beginning 12/01/2003 and ending 11/30/2004

A Name of plan IRON WORKERS MID-SOUTH PENSION TRUST	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS MID-SOUTH PENSION TRUST	D Employer Identification Number 72-6032179

Service Provider Information (see instructions)

- 1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: 1 1895
- 2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ZENITH ADMINISTRATORS	36-2348134	CONTRACT ADMINISTRATOR	NONE		319672	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ROBEIN, URANN & LURYE	72-0999672	ATTORNEY	NONE		106783	22

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v6.1 Schedule C (Form 5500) 2003



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
THE SEGAL COMPANY	13-2619259	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		101026	11

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
DELAWARE INVESTMENT ADVISORS	13-3465352	INVESTMENT ADVISORS	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		100661	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MELLON INSTITUTIONAL ASSET MANAGEME	25-6078093	INVESTMENT CONSULTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		98776	21

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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
THE SEGAL ADVISORS	13-2646110	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		73500	20
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
CHARTWELL INVESTMENT MANAGEMENT	23-2891243	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		47969	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
NEEDLES & ASSOCIATES LLC	51-0435869	AUDITOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		35256	10

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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
OPPENHEIMER CAPITAL MANAGEMENT	13-2798345	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		33364	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LINCOLN CAPITAL MANAGEMENT	13-3607374	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		24001	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AMALGAMATED BANK OF NEW YORK	13-4920330	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		23772	21

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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WHITNEY INVESTMENTS AND TRUST	72-0352101	CUSTODIAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		13038	18
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
UNIVAL	38-2240756	MEDICAL REVIEW	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		10662	30
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MONAGHAN & ASSOCIATES	73-1462892	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		10274	22

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